

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing      OR      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

|                               |                       |
|-------------------------------|-----------------------|
| <b>Attorney Docket Number</b> | 0219US410             |
| <b>First Named Inventor</b>   | Kim Vilbourn Andersen |
| <b>COMPLETE IF KNOWN</b>      |                       |
| Application Number            | Unassigned            |
| Filing Date                   | November 29, 2001     |
| Group Art Unit                | Unassigned            |
| Examiner Name                 | Unassigned            |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROTEIN C OR ACTIVATED PROTEIN C-LIKE MOLECULES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

November 29, 2001

as United States Application Number or PCT International

Application Number

Unassigned

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application<br>numbers are listed on a<br>supplemental priority data sheet<br>PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
|                       |                          |   |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U S Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name Joanne R. Petithory

Address Maxygen, Inc.

Address 515 Galveston Drive

City Redwood City State CA ZIP 94063

Country USA Telephone 650-298-5300 Fax 650-298-5446

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name Kim Vilbour Family Name Andersen  
(first and middle [if any]) or Surname

Inventor's Signature Date

Residence: City Broenshoej State Country Denmark Citizenship Denmark

Mailing Address Karlstad Alle 7

Mailing Address

City Broenshoej State ZIP DK-2700 Country Denmark

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Anders Hjelholt Family Name Pedersen  
(first and middle [if any]) or Surname

Inventor's Signature Date

Residence: City Lyngby State Country Denmark Citizenship Denmark

Mailing Address 58 Nybrovaenge

Mailing Address

City Lyngby State ZIP DK-2800 Country Denmark

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Per Ola

Freskgard

**Inventor's  
Signature**

**Date**

**Residence: City**

Vellinge

**State**

**Country**

Sweden

**Citizenship**

Sweden

**Mailing Address**

7 Ringvägen

**Mailing Address**

**City**

Vellinge

**State**

**ZIP**

S-23593

**Country**

Sweden

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.